

Indiana Medicaid Administrative Claiming (MAC) Random Moment Time Study (RMTS) Participant Moment Completion Manual



I. Accessing the Random Moment Time Study (RMTS) Survey

If selected for a moment, participants will receive an email from ClaimingSystem@pcgus.com. The email will contain a personalized link that the participant should click on. After clicking on the personalized link, an internet browser should open and the participant will arrive at the PCG Claiming System. Because of the personalized link, the participant will be automatically logged in to the PCG Claiming System. Alternatively, the participant can copy and paste the link into an internet browser.

II. Medicaid Administrative Claiming (MAC): Training and Information Screens

Once the participant reaches the Claiming System, a series of screens will walk the participant through a description of the MAC program. The participant will select the *Next* button to navigate through each screen.

Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Program Overview

This time study is required by the Federal government in order for your school corporation to be reimbursed for the administrative and outreach activities you do for students in your school corporation. *Your participation is mandatory, but will only take a few minutes of your time.*

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Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

What is the Indiana Medicaid Administrative Claiming Program (IndianaMAC)

IndianaMAC:

Allows school corporations to recover some costs for Medicaid-related Administrative activities (not direct medical services) performed by school staff.

Medicaid administrative activities support efficient and effective operation of the Medicaid program

Federal MAC dollars do not duplicate or replace schools' reimbursements for Medicaid-covered direct medical services provided to students with Individualized Education Programs(IEPs)

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Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

What is the Indiana Medicaid Administrative Claiming Program (IndianaMAC)(cont)

The school setting offers unique advantages and opportunities to reach children and families to inform and encourage them to enroll in the Medicaid Program, as well as to provide assistance to students in accessing medical services. Most children attend schools, and since most parents consider schools a trusted conduit for important information, schools are a critical link to reach uninsured children who may qualify for Medicaid services. Public school corporations in Indiana provide physical health, mental health, and substance abuse care services. Coordination and follow-up activities are provided when screenings and evaluations identify a specific need of the student. Federal statute and regulations allow for reimbursement by Medicaid to certain governmental entities that provide Medicaid-related outreach services.

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Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

What is the Indiana Medicaid Administrative Claiming Program (IndianaMAC) (cont)

The Indiana Medicaid Administrative Claiming Program (IndianaMAC) provides funds to the school corporations that are working to identify children that are uninsured and may qualify for Medicaid coverage. These outreach activities involve working with the entire student population regardless of their eligibility status for Medicaid or Special Education. School corporations receive reimbursement for activities such as outreach, referral, Medicaid application assistance, interagency coordination, monitoring of the delivery of Medicaid-covered services, and training of staff and parents on the Medicaid Program.

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The system lists the Medicaid covered services as well as the allowable Medicaid activities under MAC. Other types of administrative activities are also listed.

Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Examples of Medicaid-Covered Medical Services

- Immunizations
- Physical, Occupational and Speech Therapies
- Diabetes and Asthma Care Services
- Nursing Services
- Prescription Drugs
- Home Health Care
- Psychological/Behavioral Health Services
- Audiology Services
- Vision Services
- Hearing Services
- Dental Services
- Physician Services
- Lab & X-ray Services

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Examples of Medicaid Administrative Activities

- Raising awareness about Medicaid programs benefits
- Reaching out to students that are medically at risk
- Helping families complete the Medicaid application

Note: Schools may serve as Medicaid Enrollment Centers

- Helping students access Medicaid services
- Participating in school-based health care planning
- Evaluating school-based health programs and services
- Referring students to Medicaid providers

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Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Examples of Other Similar School-based Administrative Activities

- Informing families about School Lunch benefits
- Helping students complete scholarship applications
- Participating in curriculum planning
- Recording state-mandated education data
- Evaluating after school enrichment programs
- Referring students to assistance programs such as Food Stamps, Children's Special Health Care Services, Temporary Assistance for Needy Families

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A participant's role is explained in the system.

Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

What is my role in the RMS?:

As a school corporation staff person who potentially performs reimbursable outreach activities, your role in the random moment sampling process is to document the activity you are performing at the specific moment selected in your work day. You will document your activity by answering five questions: Who was with you? What were you doing? Why were you doing the activity? Was the activity related to providing a direct medical service? Was the medical service provided per a student's IEP?

In the Random Moment Sampling process, moments of time are selected throughout the entire quarter, and are randomly assigned to school corporation staff for completion. You receive a RMS notification each time you are selected that identifies one moment for which you need to document. There is a possibility that you may be selected for multiple moments within a quarter. It is essential that you follow these instructions completely.

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The next series of screens describe examples of activities that are covered under the Medicaid Administrative Claiming Program.

Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Effective Outreach, Enrollment or Application Assistance

- Informing individuals about the benefits and eligibility criteria for programs, aid and or scholarships available to assist students and their families
- Helping to complete program/scholarship/aid applications
- Explaining the eligibility determination process, where/how to enroll or apply and what documentation is needed to verify eligibility for the program, scholarship or assistance

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Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Effective Translation and Interpretation to Help Families

- Oral language translation, sign language interpretation or Braille transcription to:
- Inform students/families of available assistance, programs, benefits and eligibility criteria
- Help students/families complete application for program, scholarship, aid, benefits
- Explain program/aid eligibility determination process, where and how to apply/enroll and what documentation is needed for eligibility verification
- Develop translated or transcribed materials to help individuals access and understand programs, services or benefits

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Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Effective Program Planning, Development and Evaluation

- Developing advisory groups of professionals and stakeholders to consult regarding delivery of program services and benefits to school populations
- Developing procedures for tracking families' requests for help accessing program services
- Developing strategies to assess or increase the capacity of program services for students
- Monitoring outcomes of program services in schools
- Developing or monitoring contracts for provision of program services or benefits for school populations

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Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Effective Training Related to Services and Programs

- Participating in or coordinating training to improve delivery or program services to school populations
- Participating in or coordinating training on program administrative requirements
- Participating in or coordinating training to enhance program outcomes, quality or participant satisfaction

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Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Effective Service Referral, Coordination, Access Facilitation and Follow Up

- Arranging/scheduling (not providing) transportation to help individuals access programs or services
- Arranging/scheduling (not providing) translation, interpretation or transcription services to help individuals access program services/benefits
- Following up with the student or family about the outcome of a referral or program service
- Referring a student/family to the closest appropriate program or participating service provider

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Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

How to Make Effective Indiana Medicaid Service Referrals

- Use the Online Medicaid Provider Directory
- Go to: <http://provider.indianamedicaid.com/>

Under Quick Links (sidebar at right), Click

- Provider Search Under "Provider" select from: Physician, Pharmacy, Dentist, Hospital, or Other (Choose from a drop down list for "other")

Highlight the specific kind of service provider under "specialty"

Helpful Tips:

- To select multiple specialties, hold down the "Ctrl" key while selecting each specialty. If "All Specialties" is selected, there is no need to select individual specialties.
- If a pregnancy is involved, clicking "Yes" next to "Presumptive Eligibility" will locate a provider who can determine eligibility and initiate prenatal care before the pregnant person formally applies for Medicaid.

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Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

How to Make Effective Indiana Medicaid Service Referrals (continued)

- Enter the city, county, or zip code of the local area, or If the desired Medicaid provider's name is known, enter the name.

Use the Search Results to refer the student or family to a local Indiana Medicaid-participating provider.

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The next series of screens describe the importance of the Random Moment Time Study and the requirements of the participant.

Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

What is RMS?

- Random Moment Sampling (RMS) is a Federally accepted method for documenting staff time spent performing ALL, not just Medicaid-related, activities
- The RMS includes all selected IndianaMAC participating school corporation staff who were placed into the statewide sample pool
- From this statewide pool, staff names are randomly selected and paired with random moments in time to create "sample moments" used to "study" or describe how staff time is spent
- Notification of sampled moments will go out to the selected participant three days and one day prior to the selection of time, after "living" the moment participants will document their activity in a narrative format.

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Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Participation Requirements

- Your employer chose you to participate in the RMS because your routine job tasks include activities that assist children who are eligible/potentially eligible for Medicaid
- From all RMS participants you may be randomly selected to participate in a quarterly time study.
- When selected to document a sample moment, you must respond per the designated polling method
- All RMS moments must be documented to achieve a statistically valid statewide random sample
- Failure to respond may invalidate the entire sample
- Untimely responses may invalidate the entire sample

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Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Participation Requirements (cont.)

- You may be randomly selected for RMS participation multiple times or not at all during one quarter
- Each "sample moment" is identified and shared with your school MAC liaison
- Responses to RMS polling is mandatory and is tracked by the State and your school corporation
- You must document details about your activity and complete your questionnaire by the deadline
- The State's centralized coders will code each sample moment based on your documentation describing your activity at that moment

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Participants are instructed to respond clearly, and with adequate detail to a series of questions.

Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Be Prepared To Respond

- At your sampled moment:
 1. Who was with you? (Describe the person or individuals with you during your sampled moment)
 2. What were you doing? (Describe in clear detail the activity you were performing during your sampled moment)
 3. Why were you doing this activity? (Describe the purpose of the activity you were performing during your sampled moment.)
 4. Was the activity related to providing a direct medical service?
 5. If you answered 'yes' in question 4, was the medical service provided per a student's IEP?

Note You do not need to identify that a child is Medicaid eligible or a service/activity is Medicaid-covered

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Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Give Detailed, Clear Responses

Describe *in detail*:

- Your activity
- Reason for your activity and
- Who was with you

Avoid individual identifiers, e.g. names, ID #s.

Avoid jargon and acronyms not familiar to non-educators/persons outside your school.

Use your own words. Be accurate, complete, and brief.

Do not recopy wording directly from training examples.

Answer both questions 4 and 5

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Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Detailed, Clear Responses

- **What** were you doing?

Good Detail *downloading school lunch eligibility data*

- **NOT** *computer work or a SNAP download*

Good Detail *practicing 'r' sounds with 3 third graders*

- **NOT** *group speech in Mr. Miller's room*

Good Detail *giving out Medicaid enrollment center info*

- **NOT** *answering a phone call*

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Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Give Detailed, Clear Responses

- **Why** were you doing this activity?

Good Detail to comply with a state education mandate

- **NOT** it's my job or FERPA requirement

Good Detail to help parents complete the school lunch app - they don't speak/read English

- **NOT** helping family or filling out forms

Good Detail it's required per the students' IEP goals

- **NOT** we work on the "r" sound every Tuesday

Clearly mark YES, NO, or N/A in response to question 4.

Clearly mark YES, NO, I don't know, or N/A in response to question 5.

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Finally, participants are given instructions to complete their moment and a toll free number to call if they are having difficulty.

Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Instructions:

1. Your selected time study moment is pre-determined. **Do not answer the activity questions for any other time than your selected moment.**
2. Answer the activity questions with enough detail about your activity so that if you are asked about your assigned moment during a review, you can easily recall the activity you were doing without revealing student information.
3. If you have questions about completing this process, please contact **PCG at (877) 427-3694.**

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The next screen displays the first question, which asks if the participant was working at the time of the moment.

The participants indicate if they were working or not working. If not working, participants must indicate if the time off was paid or unpaid or if the moment occurred outside regular scheduled hours.

Then select “next”.

Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

Were you working during your sample moment?

- ☐ No, Moment is before/after workday(This does not include Lunch)
- ☐ No, Moment is during paid day off.
- ☐ No, Moment is during an unpaid day off.
- ☐ Yes, I was working.

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If a participant answers not working at the time of the moment, there are no additional questions to respond to and the moment is complete.

If a participant selects “Yes, I was working”, the following questions appear:

Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

1. Who was with you? (describe the person or individuals with you during your sampled moment)

Example:

2.

What were you doing? (describe in clear detail the activity you were performing during your sampled moment)

Example:

3.

Why were you doing this activity? (describe the purpose of the activity you were performing during your sampled moment)

Example:

4. Was the activity related to providing a direct medical service?

Example:

- ☐ Yes
- ☐ No
- ☐ N/A

5. If you answered 'yes' in question 4, was the medical service provided per a student's IEP?

Example:

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ N/A

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A participant must respond to all 5 questions then select ‘Next.’

Note: A participant must only respond to the questions about the activity during the minute that was assigned.

The next screen allows the participant to verify their responses.

Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 10/3/2014 at 8:00 AM

1. Who was with you? (describe the person or individuals with you during your sampled moment)

Demonstration of moment response.

2.

What were you doing? (describe in clear detail the activity you were performing during your sampled moment)

Demonstration of moment response.

3.

Why were you doing this activity? (describe the purpose of the activity you were performing during your sampled moment)

Demonstration of moment response.

4. Was the activity related to providing a direct medical service?

N/A

5. If you answered 'yes' in question 4, was the medical service provided per a student's IEP?

N/A

☐ By submitting this information, I hereby attest that I have accurately completed my random moment time study.

Submit Moment

Edit

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If changes must be made, select Edit, which will return the participant to the response screen.

If no changes are necessary, the participant must put a check mark in the box next to the acknowledgement statement and then select Submit Moment.

Note: The submit button does not illuminate until a check is placed in the box next to the acknowledgement statement.

Once the moment has been submitted, the moment is complete and a verification statement appears. "You've successfully completed this moment!"

Claiming System

Name: Demo Participant; **Email:** demo@test.com; **Moment:** 9/29/2014 at 11:02 AM

✓ You've successfully completed this moment!

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The moment is now complete; the participant can exit the system by closing the browser.

